

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>02/9/02</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		11	<i>1-8-02</i>
FORMALITY REVIEW		<i>2417</i>	<i>3-31-02</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

Claim	Date
Final Original	01/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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